

METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE
 Metro Public Health Department
 Pollution Control Division
 2500 Charlotte Avenue
 Nashville, Tennessee 37209
 Telephone: (615) 340-5653
 Fax: (615) 340-8589



Metro Public Health Dept
 Nashville / Davidson County
 Promoting and Protecting Health

PERMIT APPLICATION
30-DAY Temporary Portable Rock Crusher

Company Name:		
Mailing Address:		
City:	State:	ZIP Code:
Location of Crusher:		
City:	State:	ZIP Code:
Onsite Contact:	Mobile Number:	
Responsible Official phone number:	Responsible Official Email:	
Provide the rated production capacity of the temporary rock crusher: _____ tons/hr		
Provide the maximum hours per day and the maximum number of days per week the temporary portable rock crusher will operate. Hours Per Day: _____ Days Per Week: _____		
Estimated dates of operation: Start _____ End _____		
A permit will not be granted for any temporary portable rock crushing operation, unless wet suppression is applied at all times during operation to the following emission points: <ul style="list-style-type: none"> ▪ Drilling conducted in or through rock; ▪ Crushers; ▪ Sizing screens; ▪ Conveyor transfer points; and ▪ Stockpiles. 		
<input type="checkbox"/> Each permit application for a 30-day temporary portable rock crushing operation must be accompanied by a fee, cash/check, made payable to the Metro Public Health Department, for \$100.00. Each subsequent 30-day renewal application will require a \$100.00 permitting renewal fee. NO RENEWAL PERMIT WILL BE ISSUED PAST 60 CALENDAR DAYS AFTER INITIAL STARTUP WITHOUT THE COMPLETION OF THE REQUIRED THIRD PARTY TEST AS OUTLINED IN CONDITION (6) OF THE TEMPORARY OPERATING PERMIT.		
I hereby certify that, to the best of my knowledge, the information contained in this application is true, accurate, and complete.		
_____	_____	
Type/Print Name of Responsible Official	Title	
_____	_____	
Signature	Date	